

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | ✓        | 691007 | 12/27/00 |
| O.I.P.E. CLASSIFIER       |          | 100    | 11/0     |
| FORMALITY REVIEW          | DM/L     | 691009 | 1-27-00  |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 6/1/01  |
| 2        | 6/1/02  |
| 3        | 5/30/02 |
| 4        | 5/30/02 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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